

Following the release of the Ontario Drug Policy Network (ODPRN) report on [Hepatitis C \(HCV\) direct-acting antiviral \(DAA\) prescribing trends in Ontario](#), the Ministry of Health's HCV Working Group – which includes representation from the AIDS and Hepatitis C Programs, Ontario Drug Benefit Program, Office of the Chief Medical Officer of Health, Public Health, and Public Health Ontario – requested the ODPRN examine trends in HCV DAA medication prescribing in Ontario by “prescriber type” between 2015 and 2020, and “average distance to a prescriber according to PHU” in 2019.

Key findings from ODPRN's analyses are included below.

Key findings

1. Utilization of HCV treatments

- Over 36,000 individuals received a publicly funded prescription for a DAA from April 1, 2012 to December 31, 2020. Nearly two-thirds (65%) of all DAAs were prescribed by gastroenterologists, hepatologists, or infectious disease specialists.
- There was a sizeable reduction (49%) in the number of individuals receiving DAAs in 2020 compared to previous years. This was likely due to measures put in place during the COVID-19 pandemic that reduced access to healthcare and programs.

2. Regional variation in utilization of HCV treatments

- There is a wide range of treatment rates across PHUs from 25.4/100,000 to 250.6/100,000, after adjusting by the Ontario Drug Benefit (ODB) eligible population in each region.

3. Distance to prescriber(s), per PHU

- The longest median distance to DAA prescriber for all physician visits (in-person and virtual) in a PHU was 1,195 km, the shortest median distance was 4 km.
- A similar trend was observed for median distance to DAA prescriber for in-person physician visits specifically, with the shortest median distance to a provider at 2 km and the longest median distance at 489 km.
- For virtual visits only, the largest median distance to DAA prescriber was 1,212 km, while the shortest median distance was 5 km.

Implications/Recommendations

We hope this information will be useful to you as we work towards reducing barriers to HCV testing, care and treatment, and ultimately toward reaching the 2030 HCV elimination targets set by the World Health Organization (WHO), which Canada has endorsed. In addition to scaling up prevention efforts, Ontarians living with HCV should be identified through screening/testing and linked with care and treatment as soon as possible.

In PHUs where patients need to travel long median distances to access DAA treatments, consideration should be given to strategies to facilitate access to treatment, including:

- Enhance capacity for HCV treatment in primary care settings, for example through:
 - [Project ECHO Ontario Liver](#);
 - HepCNET (for Ministry-funded hepatitis C teams only).
- Increase referrals to local HCV treating primary care providers and specialists.
- Increase use of the Ontario Telemedicine Network.

For more information

For questions about the analyses or to obtain more detailed information about findings related to your PHU/PHU region, contact Mina Tadrous, Investigator, ODPRN, at Mina.Tadrous@wchospital.ca.

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